To:15152814073

File with: lowa Ethics and Campaign Reset Form Disclosure Board 510 E. 12th, Ste. 1A

2000 1841

Des Moines, lowa 50319 Fax: 515-281-4073		RE SUMMARY PAGE		ZUUB JAN L	+ AM 7: 56
COMMITTEE NAME (Must be	same as on Statement of	Organization)			
Friends o	f Water	•		FORM DR-2	
IMPORTANT: Indicate by # type of (1) Statewide/Legislative/Judge S (4) County Central Committee (5 Subdivision Cendidate (8) County 11) Local Ballot Issue	tanding for Retention Candida County Candidate (6 City C	tor te (2)State PAC (3)State Party 2andidate (7)School Board or Other Political nool Board or Other Political Subdivision PAC		Rev. 07/2007)	DISCLOSURE REPORT 21470
CANDIDATE COMMITTÉES C Candidate Name	PNLY:	Political Party (if applicable)	_ ւ	.ogged in)1
Office Sought		District (if Senate or House)		Audited	/
Late reports are subject to possible	e civil and criminal penalties	i. Pursuant to lows Code sections 688.32A		8A.401(3), the car	
SIGNATURE OF PERSON FILI	NG REPORT	641,342,6209 TELEPHONE		DATE SI	XUU8
AM FILING A (rep (rep CHECK IF AMENDMENT TO	REPORT DATED	ce of Dissolution Form DR-3	.oosi Com	hmittees, enter Det	e of Election
(You must continue to	file reports until a DR-3 is f	Riad \	County & I which Elec	Local Committees, tion is held	enter County in
STATEME	NT OF CASH ON HA	D			· · · · · · · · · · · · · · · · · · ·
CASH ON HAND at the beginnit committee. This amou of the last reporting per	int MUST be the same as t	(Total of all funds held by the the cash on hand at the end is first report filed.)	S	58.0	8
	TAKEN IN THIS PERIOD	,	•		
Schedule A: Cash Cor	ntributions total (Attach Sci	hedule A) ("also see in-kind below)		1152	,23
Schedule F: Loans Re	ceived total (Attach Sched	ule F)		-0	_
Schedule H: Total Sale	es of Campaign Property (/	Attach Schedule H)	********	_ (2 -
<u>(Schedule)) .</u>	epplies to Candidates' Co	<u>Offinititios Only)</u> SUB-TOTAL	\$	الما	0,31
SUBTRACT TOTAL M	ONEY SPENT THIS PERI	OD			
		B) ("also see debts and loans below)		12	10,31
		report balance must be zero)		-6) _
					H
		hedule E)		200	29
		dule F)	_		
ONSULTANT BREAKDOWN (· · · · · · · · · · · · · · · · · · ·		YE\$ N	0
ANDIDATE COMMITTEES ON	•				
ALUE OF CAMPAIGN PROPE	RTY (From Schedule H - A	Attach Schedule H)	\$		
TATE COMMITTEES: Submit:	a reconciled campalon acc	Sunt bank statement in Jenuary of Asak			

For Instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Friends of Water			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: If A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/30/07	ib# cк# 72.48	KC Kilkenny 1001 Harken Hills Rd Osciella, IA 50213		\$ 100,00	
111107	ю# ск# 93644	Swine Graphics 1620 Superior St Webster City, I am 50595		500.00	
12-3-07	CK# 38778	Garden + Associa ks, LTD P.O. 800 451 OSKALOOSA, JA 52577 - 0451		\$300.00	
12/1/02	ю# ск# 38°04Э_	Garden + Associates ; LTD f.o. Box 451 OSKalousA, TA 52577		\$ 250.00	
1/क्षण	ck# CASH	Kim Reynolds 1010 A PANKLAR Occola #A 50213		82.23	
	CK#				
į	ID#				
	ID# CK#				
	ID#		 		
	CK#				
	ID# CK#				
	*****		SUB-TOTAL	SIC2 52	

TOTAL (if last page of this schedule)

* Disclosure law requires condidate committees to disclose the relationship of any retative making a contribution to the committee. Relationship must be shown to the third degree of consunguinity (blood relatives) and affinity (relatives by marriage)

If summine of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page [of [of [(for Schedule A)

	FOR	INSTR	UCTIONS,	SEE	BACK	OF	FORM
--	-----	-------	----------	-----	------	----	-------------

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

triande of limber

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disburgement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/9/ 2008	CK# 008	Creston Publishing 503 w Adams St Creston, JA 50801	Rublications - Martha Newspaper yept	\$ 600000
12/1/67	ID# CK# 1009	Creston Publishing 503 W Adams St Creston, IA 50801	Publication Ads News Paper - Jept	\$300.00
1/10/08	CK# 1010	Creston Publishing 503 W Adams St Creston, IA 50801	Publications Newspaper Super	#310,31
	ID#			
	ID# CK#			
	ID#			
į	ID#			
	CK#			
			SUB-TOTAL	Š

TOTAL (if last page of this schedule)

1210.3

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iteraized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

Page	/	1	of	1	
9-		_	v	_	

FOR INSTRU	CTIONS, SEE BACK OF FORM			SCHEDULE	
COMMITTE	E NAME (Must be same as on Statement of Orga	nization)	1	E	IN-KIND CONTRIBUTIONS
_ tri	ends of Water				
			Reset Form	CHECK AMENDI	THIS BOX IF NG FORM
			1		

DATE RECEIVED (MW/DD/YR)	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR
	OF CONTRIBUTOR	(if applicable)	Late Aling	VALUE	FUND-RAISER CONTRIBUTION
12/4/02	Kim Rynolds 1010 A-Posik Lane Oscerla SA 50213		fine	20.00	
				·	
			SUB-TOTAL	\$	
		•	TOTAL (if test	5	
				2000	
by marriage). (S	equires candidates to disclose the relationship of a tionship must be shown to the third degree of con- ice Page 2 of forms packet.) If surname of contrib ip, enter "not applicable" in the relationship colum	Sunguinity (blood relative			of r Schedule E)